

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-029343

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 281

Primary Registration District No. 3048

Registrar's No. 183

FILED AUG 5 1963

1. PLACE OF DEATH

a. COUNTY

Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Maryville

Length of stay in 1b

8 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St Francis Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Nodaway

admission)

c. CITY OR TOWN

Burlington Junction

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

none

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Effie

Grace

Maines

4. DATE OF DEATH

Month

Day

Year

July

25

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Apr 23, 1890

73

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Nodaway Co

Lincoln Twp Mo

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

Cass Maines

13b. MOTHER'S MAIDEN NAME

Mercie Van Sickle

14. NAME OF HUSBAND OR WIFE

Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Ray Jones, Elmo, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebro-vascular Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebro-Vascular Atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Atherosclerosis of Heart & Brain

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5/27/63

to 7/25/63

and last saw her alive on

7/25/63

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title)

D. F. Bryant M R

22b. ADDRESS

Maryville, Mo

22c. DATE SIGNED

7/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/27/63

23c. NAME OF CEMETERY OR CREMATORY

Ohio Cemetery

23d. LOCATION (City, town, or county)

Burlington Jot Mo

24. PLACED DIRECTOR

J. R. Hann

ADDRESS

Burlington Jot Mo

25. DATE RECD. BY LOCAL REG.

7-29-63

26. REGISTRAR'S SIGNATURE

Bess / bvl.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10745

20745

3

4

5

6

7

8

9332X

10

11

12-0

13-10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2965

P. O. Address Burlington Jc No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.